



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning JUN 1, 2011, and ending MAY 31, 2012

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section containing organization name (CALIFORNIA LUTHERAN UNIVERSITY), address (60 WEST OLSEN ROAD, M/C 1200, THOUSAND OAKS, CA 91360-2700), and tax year information.

H Describe the organization's primary unrelated business activity: INTEREST IN EQUITY INVESTMENT PARTNERSHIPS

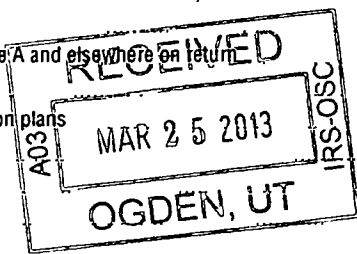
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of CALIFORNIA LUTHERAN UNIVERSITY, AT Telephone number (805) 493-3181

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Rows list various income sources like gross receipts, capital gain, and partnership income.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table for Part II: Deductions Not Taken Elsewhere. Columns include line numbers and amounts. Rows list deductions such as compensation of officers, repairs, interest, and charitable contributions.



SCANNED APR 02 2013

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41 Subtract line 40e from line 39. 42 Other taxes. Check if from Form 4255, Form 8611, Form 8697, Form 8866, or Other. 43 Total tax. Add lines 41 and 42. 44a Payments. A 2010 overpayment credited to 2011. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty. 47 Tax due. 48 Overpayment. 49 Enter the amount of line 48 you want credited to 2012 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year: \$12,959.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation: N/A

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs. 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 3/17/2013 Title: PRESIDENT. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name: TRACY S. PAGLIA. Preparer's signature: [Signature]. Date: 3/12/13. Check self-employed: [] if self-employed. PTIN: P00366884. Firm's name: MOSS ADAMS LLP. Firm's EIN: 91-0189318. Firm's address: 3121 WEST MARCH LANE, SUITE 100 STOCKTON, CA 95219-2303. Phone no: (209) 955-6100.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) **EQUIPMENT, FURNITURE, TENTS AND COMPUTER LAB RENTAL**

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 5
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	57,850.	1,253.
(2)		
(3)		
(4)		
Total	0.	Total 57,850.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		57,850.
		1,253.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			0.

FOOTNOTES

STATEMENT 1

NOL DEDUCTION FOR FORM 990-T

NOL FROM PRIOR YEARS:

5/31/95	-81,058.
5/31/96	-141,914.
5/31/97	-10,622.
5/31/98	-6,983.
5/31/99	-68,952.
5/31/00	-690.
5/31/01	-13,760.
5/31/02	-186,194.
5/31/03	-3,388.
5/31/04	-54,831.
5/31/05	-27,592.
5/31/07	-3,118.
5/31/08	-15,758.
5/31/09	-29,064.
5/31/10	-106,156.
5/31/11	-77,246.
TOTAL NOL'S FROM PRIOR YEARS	-827,326.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	AMOUNT
PASSTHROUGH INCOME FROM 06-1563330	-10.
PASSTHROUGH INCOME FROM 06-1563332	313.
PASSTHROUGH INCOME FROM 20-8306365	-925.
PASSTHROUGH INCOME FROM 20-8306306	-770.
PASSTHROUGH INCOME FROM 11-3814030	30.
PASSTHROUGH INCOME FROM 83-0407922	12,312.
PASSTHROUGH INCOME FROM 20-5659373	62,826.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	73,776.

FORM 990-T CONTRIBUTIONS STATEMENT 3

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH 06-1563330	N/A	4.
PASSTHROUGH 06-1563332	N/A	1.
PASSTHROUGH 20-8306306	N/A	27.
PASSTHROUGH 83-0407922	N/A	33.
PASSTHROUGH 20-5659373	N/A	164.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		229.

FORM 990-T OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
OFFICE EXPENSES	3,485.
SECURITY	1,024.
DINING	19,250.
PRINTING	12,740.
MISCELLANEOUS EXPENSES	9,668.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	46,167.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MISCELLANEOUS EXPENSES		1,253.	
- SUBTOTAL -	1		1,253.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			1,253.

SCHEDULE D
(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND,
1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ See separate instructions.

OMB No 1545-0123

2011

Name <p style="text-align:center">CALIFORNIA LUTHERAN UNIVERSITY</p>	Employer identification number <p style="text-align:center">95-2962604</p>
--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares of Z Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 PASSTHROUGH FROM 06-1563330	VARIOUS				28.

2 Short-term capital gain from installment sales from Form 6252, line 26 or 37	2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824	3	
4 Unused capital loss carryover (attach computation)	4	()
5 Net short-term capital gain or (loss) Combine lines 1 through 4	5	28.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6					
SEE STATEMENT 6					3,068.

7 Enter gain from Form 4797, line 7 or 9	7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37	8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824	9	
10 Capital gain distributions (see instructions)	10	
11 Net long-term capital gain or (loss) Combine lines 6 through 10	11	3,068.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	28.
13 Net capital gain Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	3,068.
14 Add lines 12 and 13 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	14	3,096.

Note. If losses exceed gains, see Capital losses in the instructions

SCHEDULE D LONG-TERM CAPITAL GAINS AND LOSSES STATEMENT 6

(A) PROPERTY DESCRIPTION	(B) DATE ACQUIRED	(C) DATE SOLD	(D) SALES PRICE	(E) COST OR OTHER BASIS	(F) GAIN (LOSS) (D) MINUS (E)
PASSTHROUGH FROM 06-1563330	VARIOUS		0.	0.	579.
PASSTHROUGH FROM 06-1563332	VARIOUS		0.	0.	432.
PASSTHROUGH FROM 20-8306306	VARIOUS		0.	0.	12.
PASSTHROUGH FROM 83-0407922	VARIOUS		0.	0.	207.
PASSTHROUGH FROM 20-5659373	VARIOUS		0.	0.	1,838.
TOTAL TO SCHEDULE D, LINE 6			0.	0.	3,068.